



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3738  
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Applicants: Clifton A. Alferness, John M. Adams, and John Melmoth Power  
Serial No.: 09/855,945  
Filing Date: May 14, 2001  
Title: MITRAL VALVE THERAPY DEVICE, SYSTEM AND METHOD  
Examiner/Unit: Urmi Chattopadhyay / 3738  
Attorney Docket No.: 1931-2

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TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this 7<sup>th</sup> day of March, 2003.

Kelly Pedersen  
Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

\_\_\_ The fee has been calculated as shown below:

X No additional claim fee is required.

Computation of Fee  
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	30	Minus	57	=	0 x	\$18/\$9 =	\$-0-
Independent Claims	4	Minus	10	=	0 x	\$84/\$42 =	\$-0-
Total additional fee for this amendment							\$-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ for the additional claim fee is enclosed.

XX Two Terminal Disclaimers are enclosed with Check Nos. 20067 and 20068, each for \$55 fee.

\_\_\_\_\_ Charge \$\_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

*Richard O. Gray, Jr.*

Richard O. Gray, Jr.  
Attorney for Applicant  
Registration No. 26,550  
155 - 108th Avenue NE, Ste. 350  
Bellevue, WA 98004-5973  
(425) 455-5575